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PHILADELPHI	A, PA 19103						(Depositor's name)
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APPLICATION NO.	FILING DATE		HIRST NAMED INVENTO	R	ATTO	ENEY DOCKET NO.	CONFIRMATION NO.
10/537,323	08/20/2005		Daniel Lecomte		LMC-05-1145		3224
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EXAMINER		ARTUNIT	CLASS-SUBCLASS				
SCHEIBEL, ROBERT C		2467	370-389000				
CFR 1.363).  Change of corresp Address form PTO/S  "Fee Address" inc	lence address or indicatio condence address (or Cha B/122) attached. tication (or "Fee Address 02 or more recent) attach	(1) the names of up or agents OR, alterna (2) the name of a single registered attorney on 2 registered patent as	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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	are submitted:  No small entity discount p	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby anthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-2719 (enclose an extra copy of this form).					
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Typed or printed name T. Daniel Christenbury			Registration No. 31,750				
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